

CARÁMBA SOCCER SKILLS CAMP APPLICATION 2017

NAME: _____ DATE OF BIRTH: ____/____/____
 First Middle Last

ADDRESS: _____
 Street City State Zip

GENDER: M F EMAIL: _____

SCHOOL & GRADE (Fall '17): _____ PHONE _____

SHIRT SIZE: ___ YL ___ AS ___ AM ___ AL ___ AXL

FIELD PLAYER or GOALKEEPER

Circle one: EVENING / FULL DAY (Mon - Fri)

____ **NASHUA** – Mine Falls Fields/GPS ____ **RAYMOND** – Cammett Fields
(9 to 3pm) July 10 - July 14 [1st-8th grade] (5 to 8:00pm) July 31 – Aug 3 [1st-8th grade]

____ **CONCORD** – St. Paul's School ____ **CHICHESTER** – Carpenter Fields
(8 to 2:30pm) July 24 – July 28 [1st-8th grade] (9 to 3:00pm) July 31 – Aug 4 [1st-8th grade]

____ **ATKINSON** – Woodlock [Pre-season] ____ **NASHUA** – Mine Falls Fields
(5 to 8pm) July 31 – August 3 [1st-8th grade] (9 to 3:00pm) Aug 7 – Aug 11 [1st-8th grade]

____ **CONCORD** – Center Point Fields, Aug 7 – August 10
High School Pre-Season. Individual/Team Training (5-8 pm)

____ **CONCORD** – Center Point Fields, Aug 7 – August 10
Elementary/Middle School/ Individual/Team Training (5-8pm)

APPLICATION DEADLINES

JUNE 24, 2017 for all sites

Due to LIMITED SPACE, a \$100.00 NON-REFUNDABLE deposit is due with this application. A late fee of \$10.00 will apply to ALL applications RECEIVED after the deadline. Any application received after the deadline date will be accepted on a space available basis only.

PLEASE FORWARD THIS APPLICATION AND DEPOSIT TO:

¡Carámba! Soccer Skills Camp
325 Pleasant Street, Concord, NH 03301
(603) 496-3579

****Players that attend as a team (at least 10 players) will receive soccer equipment for the team****

****Incoming freshmen can ONLY attend High School team week in Concord****

COST OF PARTICIPATION

The cost of a FULL DAY participation is \$210.00 per week. This includes a t-shirt, insurance and a camp souvenir. If there is more than one participant per family that will be attending, the first child will pay \$210.00, the second child \$205.00, the third \$200.00, etc.

Players that choose to attend more than one week of camp will pay \$210.00 for the first week and \$200.00 for each additional week attended. (Chichester residents \$170.00). The cost of the EVENING programs is \$130.00 per player. The fee of \$130.00 will also apply to the HS Pre-season Program.

For more information, do not hesitate to contact us at www.soccerskillscamp.org, by telephone at 603-496-3579 or by e-mail carambasoccercamps@gmail.com or visit t us on Facebook.

CARÁMBA SOCCER SKILLS CAMP

To enable the Staff of Caramba Skills Camp and the Health Facilities in the area of the camp location to provide prompt care for your minor son or daughter, we must have a new completed Consent Form on file each year. This way, we can help your child without delay in an emergency.

Name of Minor: _____ Date of Birth: _____
Address: _____

DO NOT OMIT THIS INFORMATION:

Insurance Company: _____
Policy # or Group #: _____
Social Security # (if used by insurance company): _____

Medical Information:

Allergies: _____
Medication presently taking: _____
Date of Last Tetanus: _____
Past illness or other information that would be useful in the event that treatment is necessary: _____

Emergency Numbers:

Parent home: _____ Parent work: _____
Parent #1 cellular: _____ Parent #2 cellular: _____
A phone number to call if parents cannot be reached:
Name: _____ Relationship: _____ Phone: _____

Please check one of the following:

- I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse).
- I authorize limited care as follows:

LIABILITY WAIVER

The undersigned parent or legal guardian and player hereby acknowledges that the game of soccer and its competition carries with it the potential risk of injury, and as such the undersigned hereby assumes the risk of such possible injury. Recognizing the possibility of physical injury associated with soccer and in consideration for Caramba Skills Camp accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or indemnify Caramba Skills Camp, its directors, coaches, sponsors, employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim, loss, damage or other disability, however characterized, by or on behalf of the registrant resulting from injury or damage to the person or property of the undersigned registrant, his or her parents or legal guardians, assigns or heirs, as a result of the registrant's participation, directly or indirectly, in the Programs and/or being transported to or from the same, with transportation I hereby authorize.

I, _____, declare that I am the Father/Mother/Guardian of the above named minor.
(Full name of parent or guardian) (circle correct title)

Signature of Parent or Guardian Date _____ Camp Location: _____

How did you find out about the camp?

___ Word of Mouth ___ Coach ___ Internet ___ Brochure ___ Parenting Expo ___ Other: _____